



Regional Entity	Transit Operator	Project Lead	Project ID
Project Name	Project Type (Capital/Op)	Project Reporting Period	Corrective Action Plan Cover
			<i>YES OR NO</i>
The project lead is required to report semi-annually on the activities and progress made on the project to the Department to ensure the projects and activities funded from the Greenhouse Gas Reduction Fund are being executed in a timely manner, within the scope and cost approved at the time of allocation, and are achieving the intended purposes.			
PROJECT START DATE:			
BRIEF PROJECT DESCRIPTION: [If applicable, describe how the project benefits a disadvantage community]			
TOTAL GGRF DOLLARS ALLOCATED TO BENEFIT DISADVANTAGE COMMUNITES: [If applicable]			

1) BRIEFLY SUMMARIZE THE STATUS OF THE PROJECT MILESTONES:

- a. Did project start during reporting period or was it already in progress?**
- b. Please provide a description of what has been completed as described in the scope of the original project allocation request:**
- c. List any vehicles/equipment received (id/e., ordered 10 buses, received #):**

2) PROJECT UPDATES:

[If applicable, provide updates on: Transit routes where routes improvements are in operation; new/improved tops or stations where construction/upgrades are complete; number of trips for alternative transportation (bicycle sharing, vanpools, shuttles), cumulative to date; the number and type of transit vehicles or equipment purchased to date that use cleaner technology; transit vehicles that were converted/retrofitted with cleaner technology; transit vehicles that were upgraded to support active transportation; new infrastructure to support renewable energy or low carbon renewable alternative fuels for transit vehicles; the number of dollar amount of transit passes issued; results of rail integration projects]

3) PROJECT BENEFITS AND RESULTS (If this is a capital project and no benefits results are available until project completion, leave blank until Final Report is submitted. If this is an operational project, provide an update on benefits and results at this point in time):

- a. **If applicable, Provide estimated totals, if available, or qualitative descriptions for this reporting period and cumulative project:**
 - i. **Ridership changes (increases or decreases):**
 - ii. **VMT reduction:**
 - iii. **Energy use reductions (changes in fuel use):**

4) IDENTIFY ANY CONTRACTS INITIATED THAT WILL EXPEND LCTOP FUNDS ON THIS PROJECT:

Contract#:

Vendor Name:

Start Date:

End Date:

Dollar Amount:

If no contracts have been initiated please explain:

5) INTEREST EARNED TO DATE ON LCTOP FUNDS, FOR THIS PROJECT:

Amount Awarded:

Interest Rate:

Interest Earned:

6) COMPLETION STATUS

Anticipated Completion Date: _____

(e.g., when all transit passes have been issued; when construction is complete; when vehicle becomes operational; when time period ends for new/expanded transit service that is funded by GGRF)

Overall Project Percent Completion: _____ %

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7) **AMENDMENT:** Please describe any changes to the project scope, cost, benefit, and/or schedule that have occurred.

Fiscal Year :	Contributing LCTOP Sponsor(s):
Project Lead :	
Project Name :	

	Original	Revised
Project Description:		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Allocation Request Table 5 Major Benefits: <i>(List any impact on or change to original benefits as described on request)</i> </div>		
Funding		
99313 :		
99314 :		
LCTOP Interest :		
Other Funds :		
Federal :		
State :		
Local :		
Total :	\$0	\$0
Schedule Date		
Begin Environmental :		
End Environmental :		
Begin Design :		
End Design :		
Begin Right of Way :		
End Right of Way :		
Begin Construction :		
End Construction :		
Begin Vehicle/Equipment Order :		
End Vehicle/Equipment Order :		
Begin Closeout Phase :		
End Closeout Phase :		
Period of Operation :		

PERSON PREPARING THIS REPORT (please type or print)	PHONE:	DATE:
APPROVAL AUTHORITY (signature) Date:	TYPED NAME AND PHONE NUMBER	